



PTC/68/92 (91-04)
Approved for use through 12/31/2008 OMB 0651-0035
U.S. Patoni and Tredomark Office; U.S. DEPARTMENT OF COMMERCE

Under the P:	sperwork Reduct	ion Act of 1995, an presons are required to r		ess in discleys 8 velid OMB control number
			Application Number	10701245
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS			Filing Date	!
			First Named Inventor	
			Art Unit	
			Examiner Name	1
			Attorney Docket Number	678-1299
I hereby revoke all previous powers of attorney given in the above-identified application.  A Power of Attorney is submitted herewith.  OR  I hereby appoint the practitioners associated with the Customer Number  66547  Please change the correspondence address for the above-identified application to:				
OR CL	istomer Nui	associated with mber: 66547		]
Firm or	ial Name			
Address	za rvane			
City			State	Zip
Country		<del> </del>		
Telephone			Email	
Assi	icant/Invent gnee of rec	or ord of the entire interest. See 3 37 GFR 3.73(b) is enclosed. (l	7 CFR 3.71. Form PTO/SB/96)	
SIGNATURE of Applicant or Assignee of Record				
Signature Q. y.				
Name Jong Yong You President of Samsong Electronics Co., Ltd.				
Date 16. Nov. 2006 Telephone				
NOTE. Signature algneture is requi		stars or assignees of record of the entire into	rouper ore (a)evitamesencer ripping (s)	id. Submit muttiple forms if more than one
'Toled	of	forms are submilled		

The collection of information is required by 27 CPR 1.36. The information is required to obtain or return a bonds by the public which is to the (and by the USPTO to process) an apparation. Contracting is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to late 3 minutes to complete industry is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to late 3 minutes to complete industry is expected. The way depending upon the individual case. Any comments of the very representative complete times from approximation for the process of complete information of the process of

If you need assistance to completing the form, coll 1-900-PTO-9199 and select option Z